

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
O.I.P.E. CLASSIFIER		<i>7</i>	<i>2/24/00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>71808</i>	<i>4/15/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	3/07
2	7/07
3	1/07
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy